Substance Abuse Policy: The San Francisco Perspective
A Report to the Little Hoover Commission

April 25, 2002

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Introduction

Over the past five years, San Francisco's "Treatment on Demand" policy for substance abuse has gained national attention for its active response to a complex crisis. This report will review San Francisco's approach to substance abuse policy, highlighting the process and preliminary outcomes of recent initiatives, collaborative activities at the state level, and promising legislative proposals.

Context of the Crisis

The geographical boundaries of the City and County of San Francisco coincide exactly, forming a rough seven by seven mile square. These 49 square miles are densely populated; the population of 800,000 people is diverse, with approximately 40% Caucasian, 33% Asian, 17% Latino, and 10% African-American. Undeveloped land is scarce, land values are high, and housing costs are among the highest in the Nation. Although the City has a reputation for valuing diversity and tolerance, strong neighborhood identities facilitate the 'Not-In-My-Backyard' or NIMBY attitude. These physical and social environments of San Francisco present challenges for the expansion of treatment services.

Substance Abuse in San Francisco

San Francisco is renowned for its beauty and history; its drug problems are less well known. Relative to most other metropolitan areas in the United States, San Francisco's issues with drugs are severe. For more than a decade, national data on drug-related Emergency Room (ER) episodes consistently ranked San Francisco in the top three affected areas (SAMHSA Drug Abuse Warning Network, 1998). Heroin is a particular problem, with 170 admissions per 100,000 in 2000. Though the absolute rates are lower, San Francisco ER episodes rank number one in the nation for methamphetamine, number one for GHB, and number two for LSD (DAWN, 2001).

Untreated addiction has numerous negative social and economic impacts on San Francisco. On a daily basis, San Francisco General Hospital treats 14 injection-related abscesses. A review of hospital data revealed that charges for treating these conditions exceeded 42 million dollars over a two-year period (Masson et.al., 2002). Because most of these patients are uninsured or ineligible for Medical or Medicaid, the City pays for their care. Use of high dependence drugs (heroin, speed or cocaine) among homeless youth is common, with 75% acknowledging current use (Gleghorn, et.al. 1995). Roughly 40% of young homeless injectors are infected with Hepatitis C (Hahn, et. al., 2001),

while 98% of older injectors test positive for HCV (Urban Health Study). In 1999, there were an average of 4-5 non-fatal overdoses per day, and one fatal overdose every other day in San Francisco (SFDPH Annual Report). The heroin related–death rate is three times higher in San Francisco than in the rest of California, and a majority of homeless deaths are directly related to heroin. Drugs are involved in many crimes; a majority of arrestees test positive for drugs at the time of their arrest. The consequences of drug use cross social classes, ethnicity, and age groups.

Disparate Financial Burden born by Local Government

In 1997, the Social Security Administration revised its definition of disability to exclude individuals diagnosed with substance abuse problems. Because Medi-Cal is linked to SSI, the ability of local municipalities to obtain state and federal funding for medical costs for people who have a substance abuse problem was reduced. Therefore, the burden of care has fallen to the local level. Recognizing that investing in treatment decreases the individual, social, legal and economic costs of substance abuse, San Francisco developed the Treatment on Demand initiative in 1996. Toward this end, the Mayor and Board of Supervisors committed substantial local funds to increase access to care and change the treatment system. The total budget for direct treatment services currently exceeds $50,000,000, an annual increase of over $14,000,000 since the beginning of Treatment n Demand. This local support exceeds funds received from both federal and state contributions for direct services. Although the state proportion has grown in the last two fiscal years due to Proposition 36, the 4.2 million dollar increase remains less than 10% of the total service budget.

San Francisco Policy Response

Treatment on Demand (TOD) was the first of a series of progressive substance abuse policies initiated by San Francisco. Local community members inspired the development of TOD, and assisted the Health Department in planning TOD services by participating in an on-going community-planning group, the TOD Planning Council. The goals of TOD focused on expansion of effective existing services, particularly methadone, but also emphasized development of new services to meet community needs (for example, culturally competent methamphetamine treatment for gay men), and reducing policy and other barriers to treatment entry and progress.

An additional initiative was passed by the Board of Supervisors in 1997, the Office-Based Opiate Addiction Treatment (OBOAT) resolution. This legislation charged the Department of Public Health with seeking federal waivers to develop a program that would allow physicians to treat addiction with methadone as a part of comprehensive care for their patients, expanding methadone treatment beyond existing methadone clinics.

In 1999, to reduce heroin-related death and disease, the Department of Public Health sponsored the Heroin Overdose Prevention and the Soft Tissue Infection Task Force. Recommendations from these groups lead to the opening of a client-centered wound clinic at SFGH, community-based services for abscesses, and a multifaceted campaign to reduce overdose deaths.

In 2000, the policy efforts detailed above culminated in the Health Commission adoption of the Harm Reduction Resolution, recognizing harm reduction as the as the official policy of the Department of Public Health for HIV, substance abuse, and sexually transmitted disease services. The Treatment on Demand Planning Council had recognized early on that simple expansion of existing services would not resolve the substance abuse crisis facing the city, and that the system must integrate innovative harm reduction strategies to provide a comprehensive continuum of care. Through adoption of this policy, San Francisco acknowledged the key role that these approaches serve in reducing barriers to care, increasing retention and success in treatment services, and decreasing the negative impact of substance abuse at the individual and community level.

Federal Grants to Expand and Improve Treatment

As part of San Francisco's effort to expand services and develop innovative service models, CSAS applied for and received a number of federal grants. To date, San Francisco has received more than $6,000,000 in grant funds for service expansion and quality improvement. Specific programs funded include mobile methadone treatment services, the OBOAT pilot study, residential treatment for pregnant/postpartum women and their children, community-based medically supported detox, evaluation of Treatment on Demand, and the Practice Improvement Collaborative. Several of these grants involved the development of new models of treatment for California; in implementing these programs, we have worked closely with the state and federal substance abuse agencies. The state Department of Alcohol and Drug Programs has worked effectively with San Francisco to identify necessary waivers or, in the case of OBOAT, develop new regulations or procedures in response to legislation to facilitate program implementation.

Recent California Substance Abuse Policy Initiatives

Recent policy changes at state level have come from ballot initiatives, regulation changes, or state legislation. Proposition 36 is an example of voters endorsing treatment instead of incarceration for non-violent substance abuse offenders. The early reports from Proposition 36 programs suggest that many of those seeking treatment are dual or triple diagnosed. These complex cases require coordination of substance abuse treatment with other services, and may strain Prop. 36 resources as most substance abuse treatment modalities do not have expertise in mental health or medical issues. Other implementation concerns include the lack of methadone maintenance options in many Counties, and the reluctance of some judges to allow patients to enter methadone maintenance treatment. Given the overwhelming evidence that supports the use of methadone in the treatment of opiate addiction, impeding access to this modality will negatively impact the treatment success rate of opiate addicts.

Methadone maintenance treatment has received endorsement through the approval of SB 1807 that has facilitated the development of San Francisco's Office-Based Opiate Addition Treatment program. The pilot study is slated to begin late Spring/ early Summer, and will serve 100 opiate addicts. Expansion of this approach statewide could address methadone access concerns. The state Department of Alcohol and Drug Programs has also revised several regulations for traditional Narcotic Treatment

Programs by allowing patients to participate in 180 detox protocols (a standard practice throughout the US), and, as of 4/22/02, to have a one month supply of medication for stable patients.

Two bills currently in the legislative process would enact important policy changes. The first is SB 599 that calls for insurance parity for substance abuse treatment. The irony of Proposition 36 is that is now easier for someone who is arrested to get treatment than it is for someone who is employed and has health insurance. SB 599 would correct this disparity. SB 1785 would decrease HIV and Hepatitis transmission by increasing access to sterile syringes through pharmacy purchase. California is one of only six states that have possession and paraphernalia laws; my research has shown that these laws are related to high-risk practices among drug users, and that pharmacists are interested in actively participating in this type of program to reducing HIV risk in their communities.

Positive Impact of Progressive Substance Abuse Policies

Preliminary evaluation of progressive substance abuse policies in San Francisco suggests these changes have a positive impact. For the 6-year period from FY 95-96 through FY 01-02, the static slot capacity increased 39% from 2,963 to 4,296. The total number of unduplicated clients treated in a year has also continued to increase over the years from 13,711 prior to Treatment on Demand, to 16,232 in FY '00-'01. First time patients and heroin users were more likely to enter treatment as a direct result of this policy change.

National Substance Abuse indicator data supports the positive changes with a steady decrease in the rate of emergency department drug-related admissions since 1996; San Francisco now ranks fifth in the nation (Dawn, 2000). Other local data (2002 Overview of the Health of San Francisco) show a significant reduction in the number of unintentional poisonings for the calendar year 2000 (almost all unintentional poisoning is due to heroin overdose). A reduction of hospital admissions as measured by hospital bed-days per month has been seen with the opening of the integrated Soft Tissue Infection Service (ISIS).

San Francisco will continue to monitor the impact of these policies and programs so that other communities may benefit from our experience.

Conclusions

Progressive substance abuse policies in San Francisco have reduced the negative impact of substance abuse on our community. The state should emulate San Francisco's successful Treatment on Demand and Harm Reduction policy models and increase funding for treatment services.

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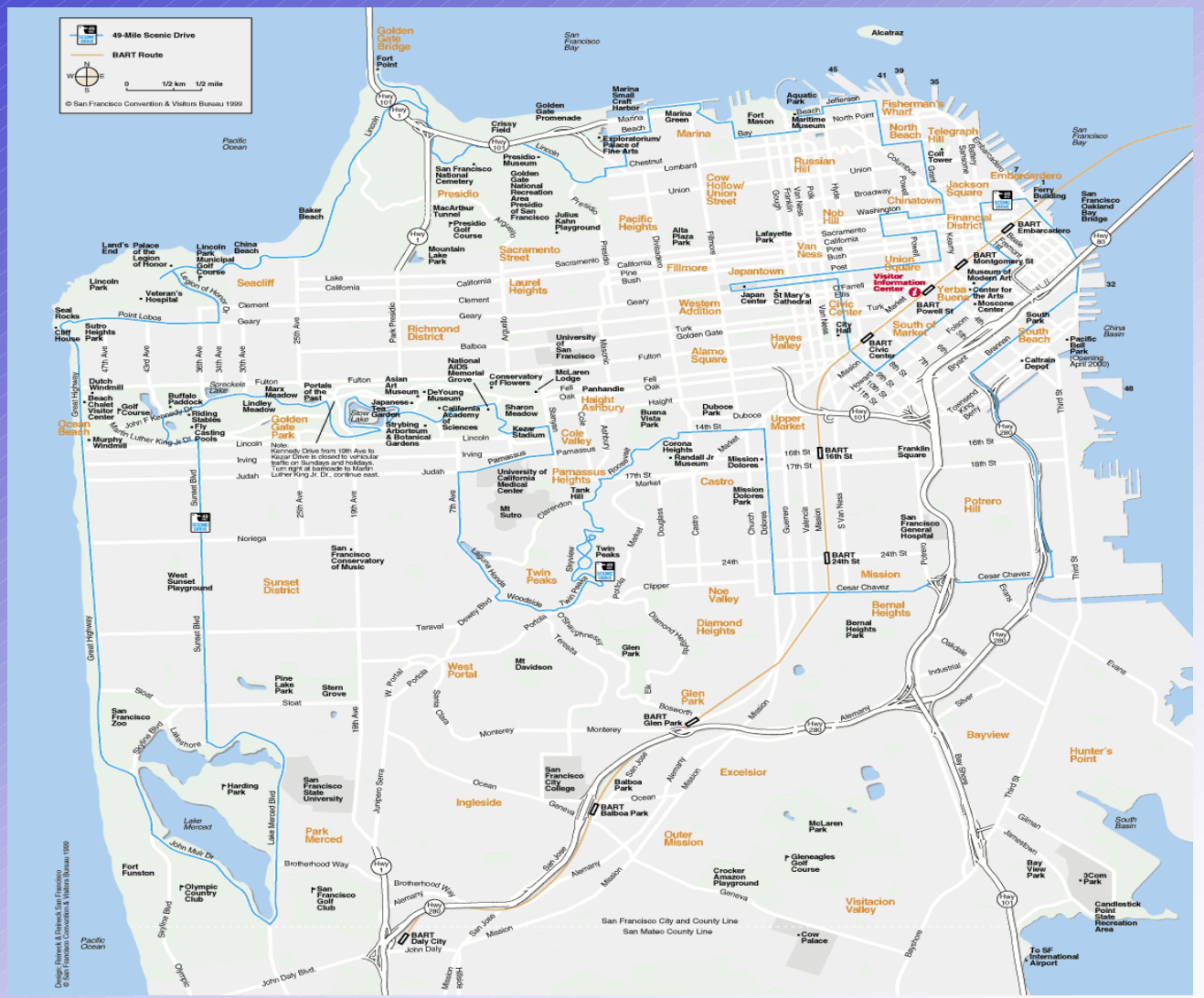
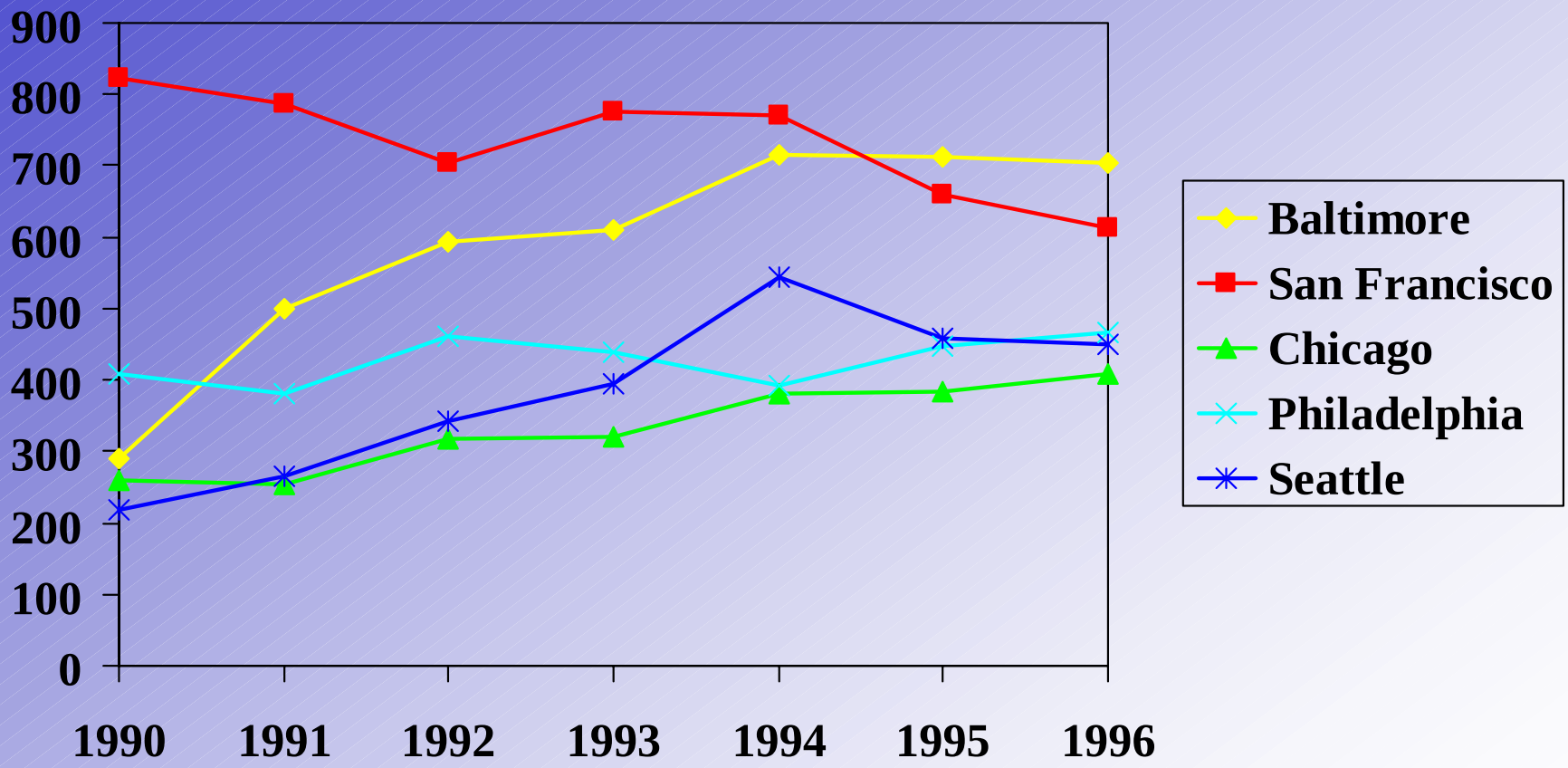
Map of San Francisco



Estimated Rate of Emergency Department Drug Episodes Per 100,000 Population for Metropolitan Areas Ranked in the Top Three During 1990-1996



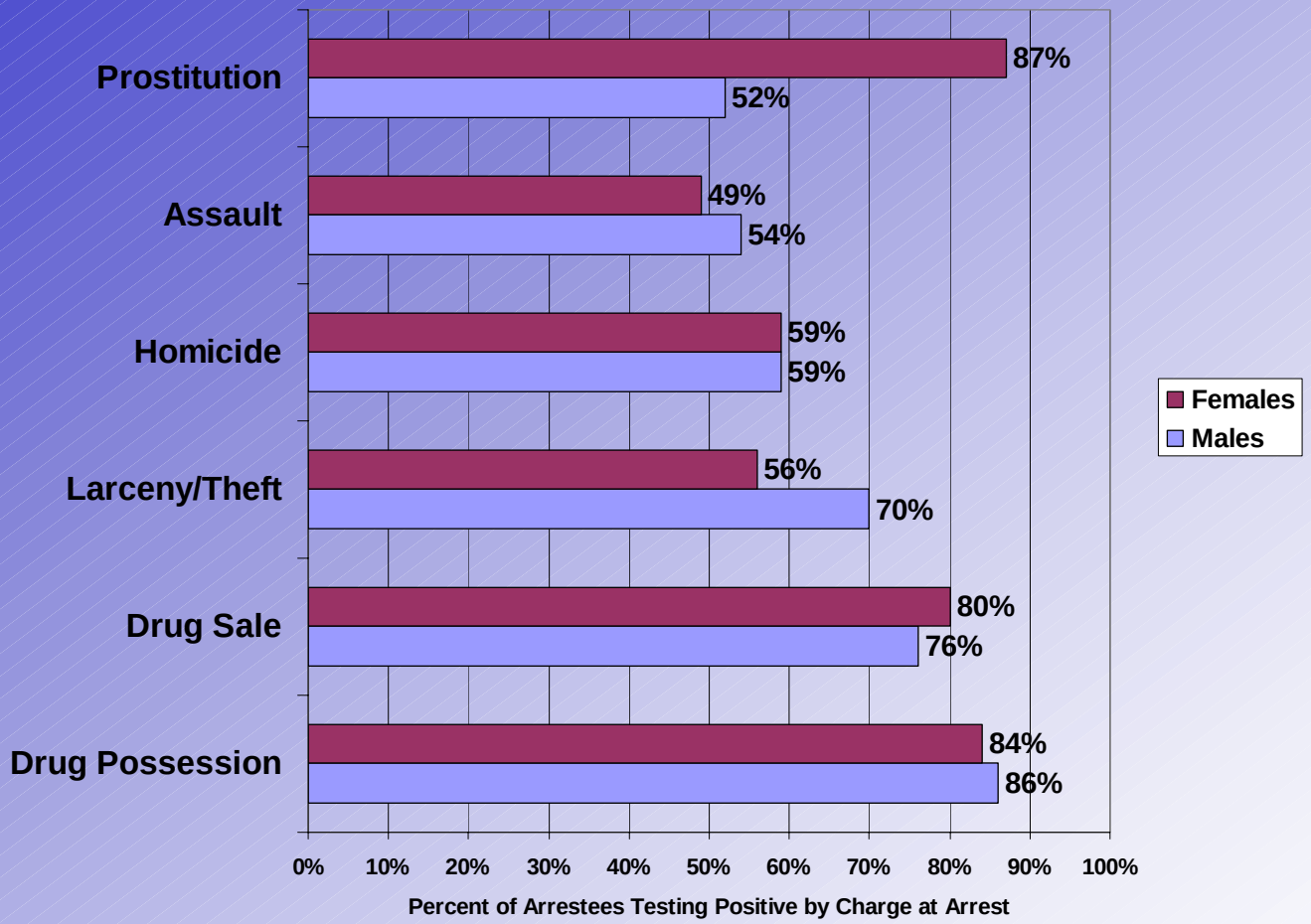
Source: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000

Social and Economic Cost of Untreated Addiction

- 14 abscesses treated per day at San Francisco General Hospital (1999)
  - Charges for IDU abscesses > $20 million/year
  - Most uninsured and ineligible for MediCal/Medicaid
- 4-5 non-fatal overdoses per day (1999)
- 1 fatal overdose every other day (1999)
- Heroin related death rate is 3 times higher in San Francisco than in the rest of California (PSI – 91)

San Francisco bears the personal and financial cost of addiction

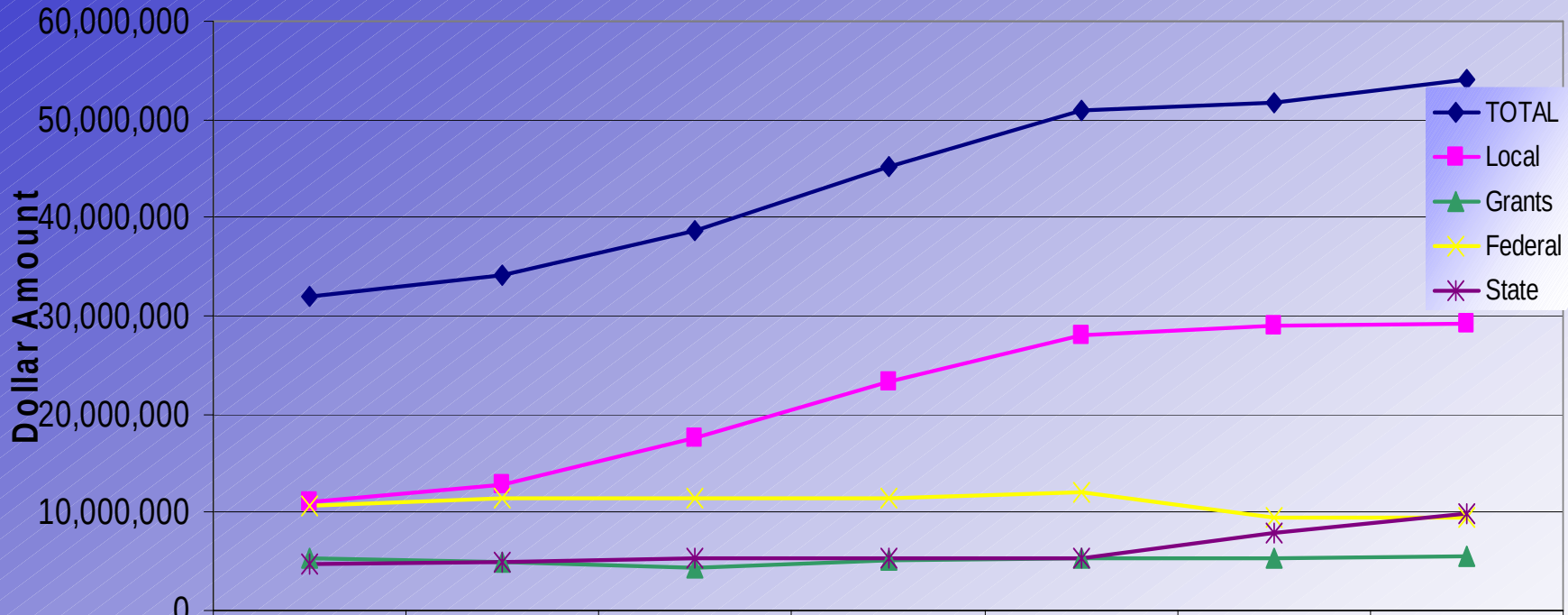
Many Arrestees Test Positive for Drugs, 1995



NOTES: Testing using urinalysis is done for cocaine, opiates, marijuana, PCP, methadone, benzodiazepines, methaqualone, propoxyphene, barbiturates and amphetamines. Data were collected in 23 cities. Female arrestees were not tested in two cities.

SOURCE: White House Office of National Drug Control Policy. *Fact Sheet: Drug-Related Crime.* Rockville, MD: Drug Policy Information Clearinghouse, 1997. Table 2, p. 2. Table 2 data from a special data analysis of the U.S. Department of Justice, National Institute of Justice. *1995 Drug Use Forecasting Report on Adult and Juvenile Arrestees,* 1996.

San Francisco Substance Abuse Services Budget Revenue Sources by Fiscal Year



	95_96	96_97	97_98	98_99	99_00	00_01	01_02
TOTAL	31,907,573	34,060,284	38,647,861	45,253,046	50,828,595	51,687,690	54,168,527
Local	11,070,472	12,867,406	17,587,522	23,272,219	28,073,560	28,943,560	29,234,782
Grants	5,424,824	4,886,548	4,246,541	5,162,046	5,378,667	5,421,273	5,449,546
Federal	10,577,008	11,353,067	11,541,112	11,521,386	11,995,897	9,378,864	9,568,841
State	4,835,269	4,953,263	5,272,686	5,297,395	5,380,471	7,943,993	9,915,358

Source: State and Local Funding – Annual Net Negotiated Amount Agreement passed through to City of San Francisco
Grant and Local Funding – Annual CSAS Budget Volumes

San Francisco Substance Abuse Policy Initiatives

- Treatment on Demand (1996)
- Office-Based Opiate Addiction Treatment Resolution (1997)
- Heroin Overdose Task Force (1999)
- Soft Tissue Infection Task Force (1999)
- Harm Reduction Resolution (2000)

Mobile Methadone Vehicle

Federal Grants Received for San Francisco Service Expansion, Enhancement and Evaluation

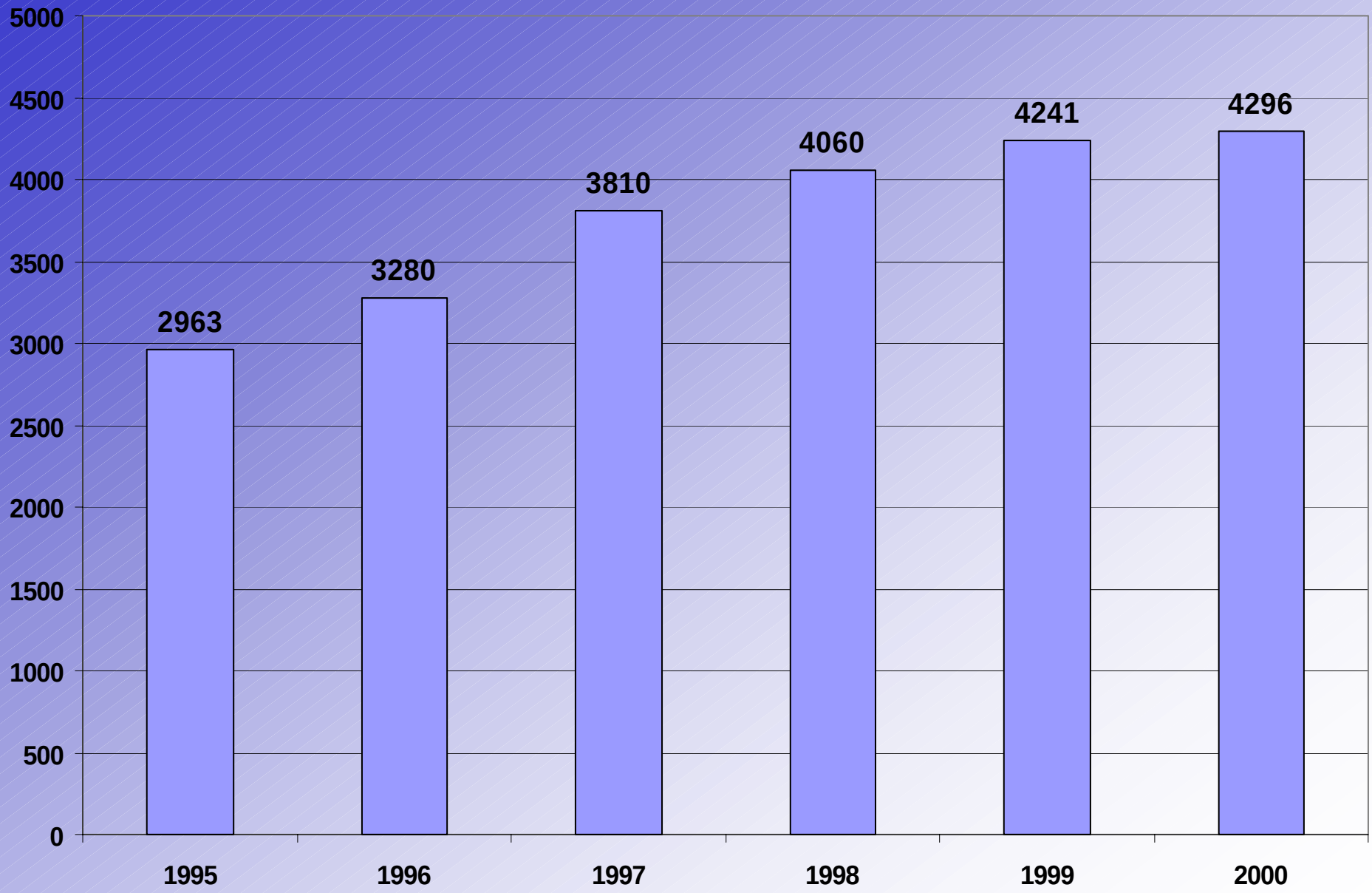
- Targeted Capacity Expansion
  - Community-Based Medically Supported Detox (1999)
  - Residential Treatment for Pregnant/Post-Partum Women and Children (2000)
  - Mobile Methadone Maintenance Services (2001)
- Treatment on Demand Evaluation (1998 - 2002)
- Office-Based Opiate Addiction Treatment (OBOAT)
  - Feasibility Study (1999)
  - Pilot Study (2001)
- Practice Improvement Collaborative (1999 - 2003)

6,785,062.00 Total Funding

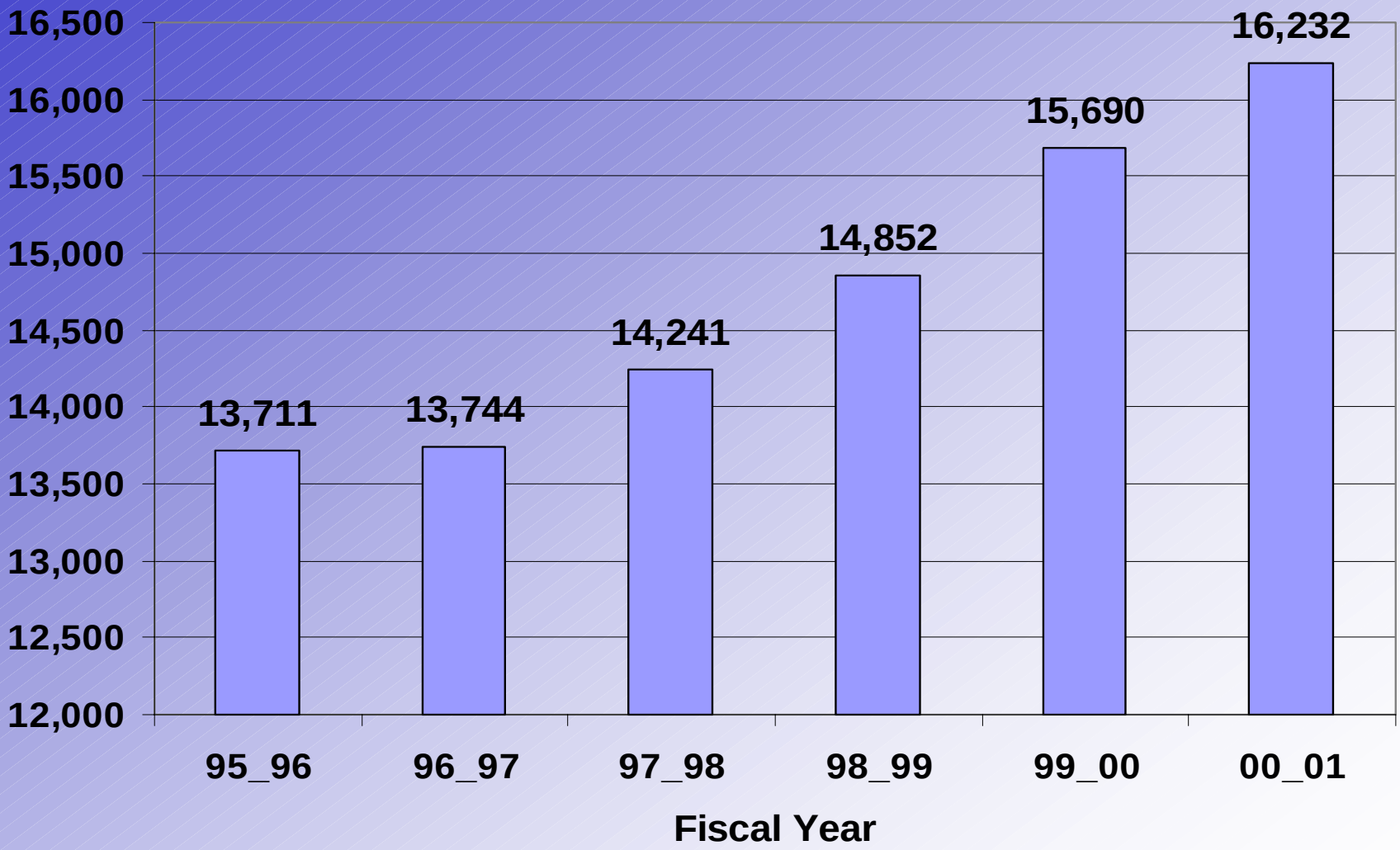
Recent State Substance Abuse Policy Initiatives

- Prop 36 – Nov. 2000 ballot measure
- Office Based Opiate Treatment (SB 1807) – Sept. 2000
- Narcotic Treatment Program Regulation Changes
  - 180 day detox
  - 1 month take home
- Potential Initiatives
  - Substance Abuse Parity (SB 599 Chesbro)
  - Pharmacy Syringe Sale and Disease Prevention Act (SB 1785 Vasconsellos)
    - Allow purchase of up to 30 syringes for anyone 18 years or older
    - Exempts possession of up to 30 N/S acquired from authorized sources and possessed solely for personal use, from the prohibition of possessing drug paraphernalia

Static Slots for Direct Services



Total Number of CSAS Unduplicated Clients Receiving Treatment



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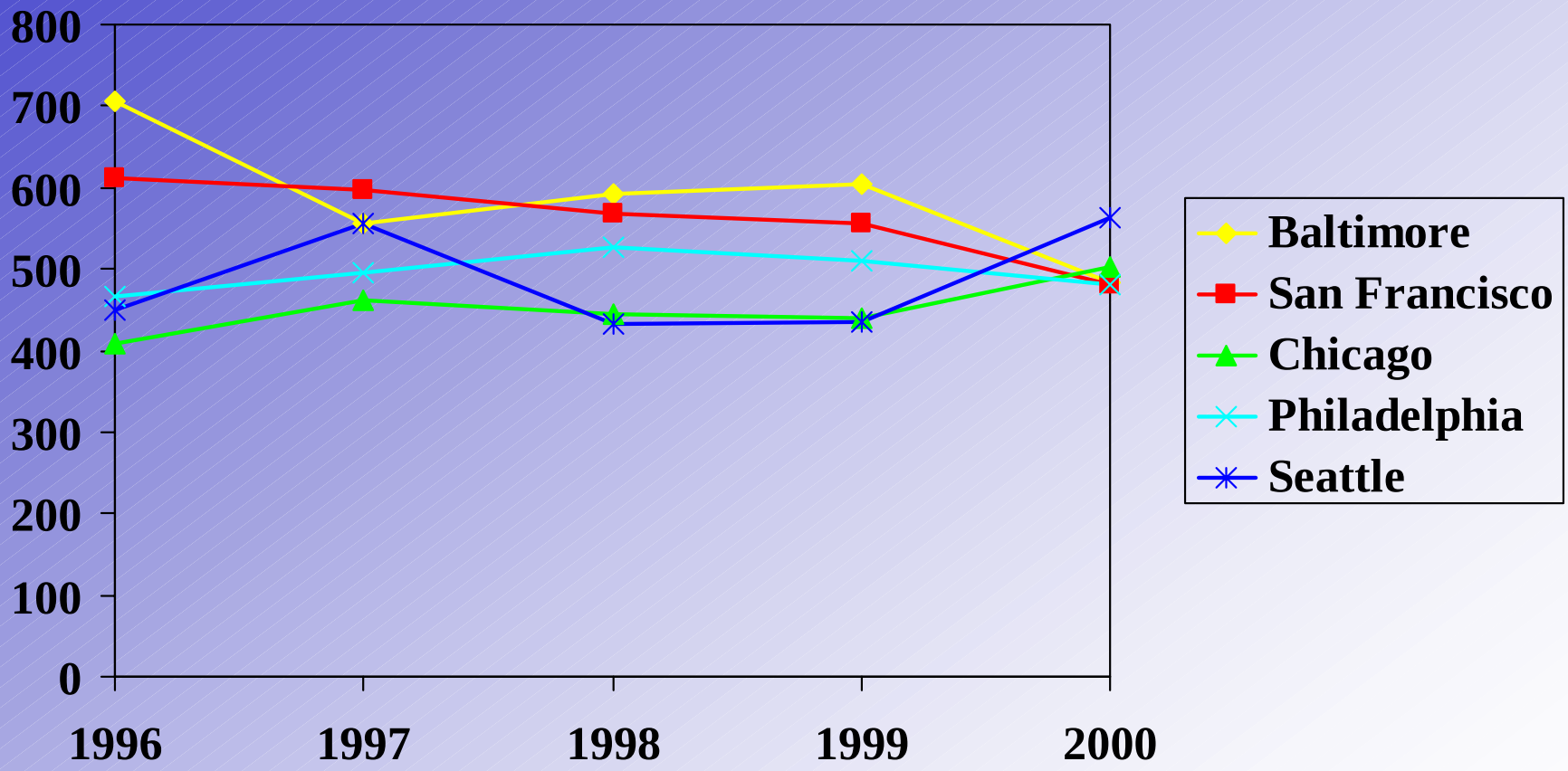
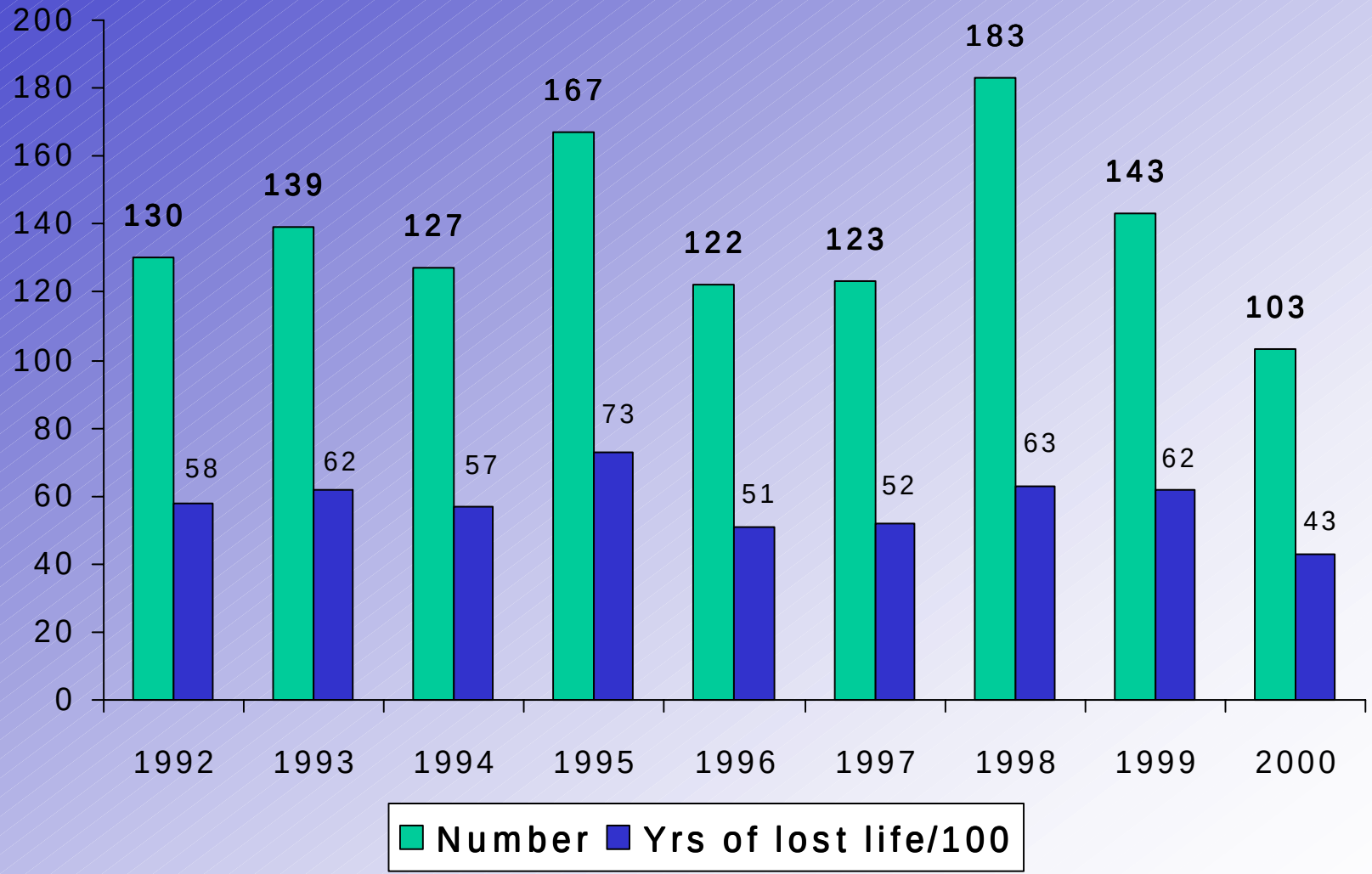


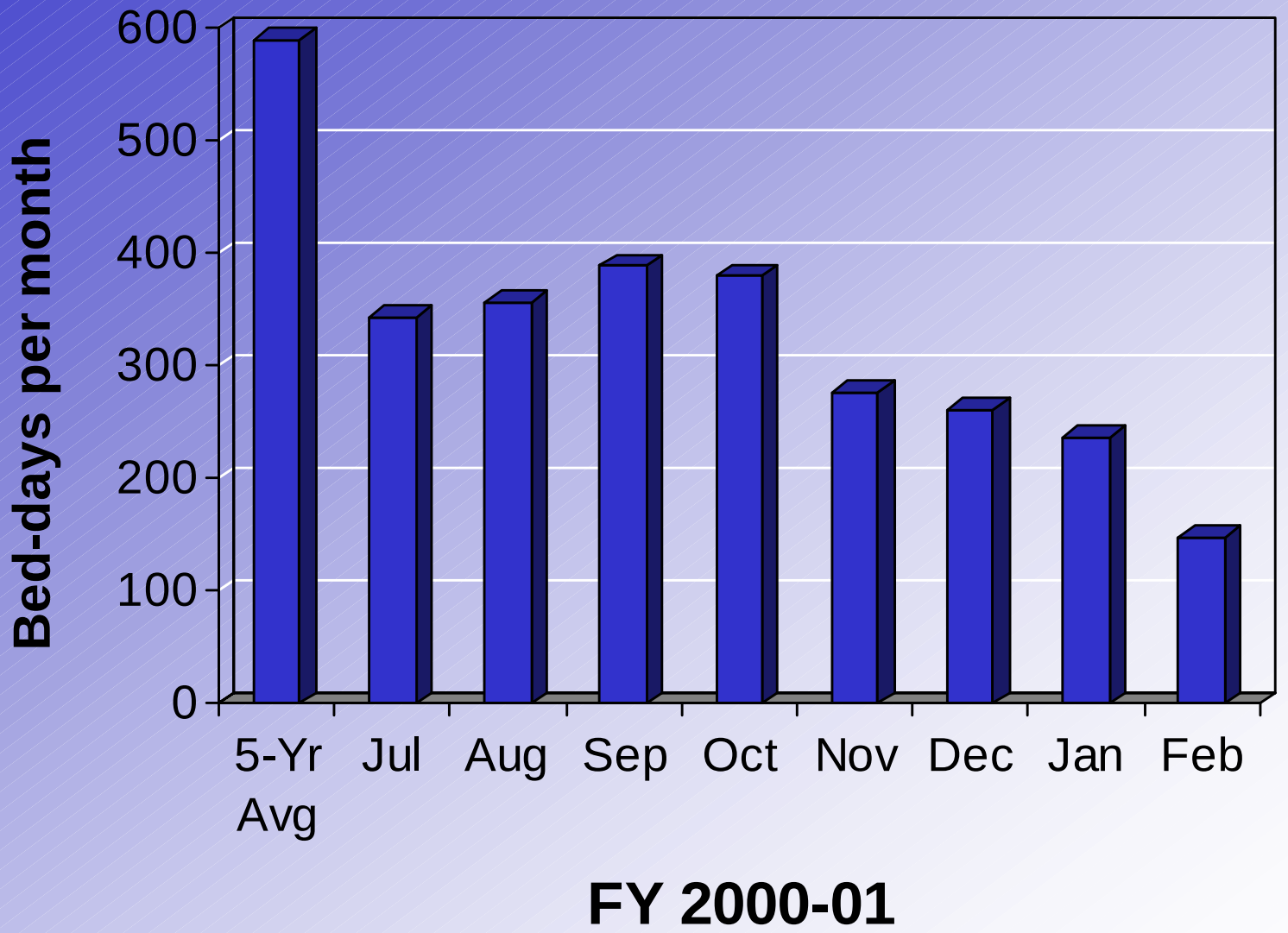
Source: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000

Death from unintentional poisoning* and years of lost life, SF 1992-2000

*almost all unintentional poisoning is due to heroin OD



Impact of ISIS on Hospital Admissions



Conclusions

- Progressive Substance Abuse Policies in San Francisco have reduced the negative impact of Substance Abuse
- The State should emulate these successful Treatment on Demand and Harm Reduction policy models and increase funding for treatment services